

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 28 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7369	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing:	
Name Michael G. McLaughlin	4. Name, file number, and address of labor organization:
P.O. Box, Bldg., Room No., if any	Name Int'l Brotherhood of Elec Workers Local #456
Street 1295 Livingston Avenue	Labor Organization File Number 001-110
City North Brunswick	P.O. Box, Building and Room Number, if any.
State New Jersey	Street 1295 Livingston Avenue
	City North Brunswick
	State New Jersey
	ZIP Code + 4 08902
5. Position in labor organization. President	ZIP Code + 4 08902

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
7.b. Amount.	

Signature

- 15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William H. Hall

On 9-11-05

100

737-246-3727

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 456 Health & Welfare Fu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.B.E.W. Local 456 Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any c/o T.E. Shaffer & Co.

Street 830 Bear Tavern Road

City West Trenton

State New Jersey

ZIP Code + 4 08628-0230

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred in connection with attendance at educational conference as a trustee of the Fund (400). Payment for lunches at trustees meetings (43).

12.b. Amount.

\$443

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any: [REDACTED] P.O. Box 130, Shaffer's Co.

Street: 830 Bear Tavern Road

City: West Lebanon

State: New Hampshire ZIP Code + 4: 03784-0020

11.b. Approximate dollar value of such dealing. [REDACTED]

12.a. Nature of interest held or income received. [REDACTED]

12.b. Amount. [REDACTED] \$4430

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local Union 456 IBEW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local Union 456 IBEW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any c/o I.B.E. Shaffer & Co.

Street 930 Bear Tavern Road

City West Trenton

State New Jersey ZIP Code + 4 08628-0230

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

Reimbursement of expenses incurred in connection with attendance at educational conference as a trustee of the Fund (400). Payment for lunches at trustees meetings (43).

12.b. Amount.

\$443

Street
City
State ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TECU Local Union #456

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1295 Livingston Avenue

City West Orange

State New Jersey ZIP Code + 4 07043

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.b. Amount.

\$0,000